

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35742

Do not use this space.

1. PLACE OF BIRTH

(a) County NOV 15 1937

Registration District No.

(b) Township

Primary Registration District No.

(c) City St. Louis(d) Street No. 5537 Grant Pl

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred 23 yrs. 11 mos. 8 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Victor F. Hoell(a) Residence, No. 5537 Grant Pl St. 15

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1914

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.221115

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.Brewery Worker9. Industry or business in which work
was done, as saw mill, bank, etc.Brewery10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis
Missouri

FATHER

13. NAME Oswald Hoell14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis
Missouri

MOTHER

15. MAIDEN NAME Ida Meyer16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis
Missouri17. INFORMANT
(ADDRESS)Oswald Hoell
623 W. Koeln

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews Cemetery DATE Oct. 6 193719. FUNERAL DIRECTOR
(ADDRESS)McLaughlin Undertakers
2301 Lafayette Ave

20. FILE

OCT 5 1937

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19.

I last saw him alive on , 19. Death is said

to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Gun shot wound of
right temple self-inflicted
at home 5537 Grant Pl.
about 4:45 P.M. Oct 4, 1937

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

Date of

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Bycicle Date of injury Oct 4 1937Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gun ShotNature of injury Gun Shot + Accidents of Arms

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____

working under my personal supervision.

Signed

L.R. Cooper
Registered Apprentice No. _____

Licensed Embalmer No. 3633

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)